



EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF PUBLIC HEALTH  
DIVISION OF HEALTH PROFESSIONS LICENSURE  
239 CAUSEWAY STREET, SUITE 200  
BOSTON, MA 02114  
800-414-0168  
www.mass.gov/dph/boards/ph

**BOARD OF REGISTRATION IN PHARMACY**  
**FACILITIES LICENSE/REGISTRATION DUPLICATE LICENSE REQUEST FORM**

*Use this form to request a duplicate license.  
Mail requests to the address above to the attention of the Board.  
For information about DBA Name Changes, contact the Board directly.*

*Check all that apply:*

PHARMACY/PHARMACY DEPARTMENT    WHOLESALE DISTRIBUTOR (WD)    "BROKER" OF PRESCRIPTION DRUG  
PRODUCTS (WD)    NUCLEAR PHARMACY

Print/type clearly the information as it  
**CURRENTLY SHOWS** on your license:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Lic. No:** \_\_\_\_\_

**Lic.Type:** Check the license type(s) held for which you are requesting a duplicate license:

Pharmacy Permit                      Pharmacy Controlled Substance Registration  
Pharmacy Certificate of Fitness      Wholesale Distributor Permit  
Wholesale Distributor Controlled Substance Registration  
Broker of Prescription Drug Products Permit

**FID No:(Mandatory):** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**For official use only:**

**Fee:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

If your current license has been **lost or stolen**, please check here. \_\_\_\_\_

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

\_\_\_\_\_  
Signature

**FEE:**

**1. Duplicate License                      \$17.00 each type**

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**Make check or money order payable to the Commonwealth of MA.  
DO NOT SEND CASH OR ELECTRONIC FUNDS TRANSFERS**